U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 73/9

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing. Name DANIEL P KELLY A. Name, file number, and address of labor organization. Name T. B. E. W. L. U. # 246 Labor Organization File Number 04/1-617 P.O. Box, Bidg, Room No., if any Street Y27 SCENIC DRIVE City STEUBENVILLE State OHIO ZIP Code +4 Y3953 5. Position in labor organization. TREASURER Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (oxcept as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. G. Name and address of Employer (including trade name, if any). Name ERB ELECTRIC Trade Name, if any: P.O. Box, Bidg, Room No., if any Street Soo HALL STREET City STEUBENVILLE State OHID ZIP Code +4 Signature 15. Signature and varification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in the vary accompanying documents), has been cominated by the signatory and is, to the best of the undersigned in the victorians of the seculon on penalties in the instructions.) Signature The Amount Provided The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in the vary accompanying documents), has been cominated by the signatory and is, to the best of the undersigned to the seculon on penalties in the instructions.)		////04 Through: /2/3//04		
P.O. Box, Bldg., Room No., if any Street 427 SCENIC DRIVE City STEUBENVILLE State OHTO ZIP Code +4 43953 Street 626 N. 4HH STREET City STEUBENVILLE State OHTO ZIP Code +4 43953 State OHTO ZIP Code +4 43953 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions sat forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name ERB ELECTRIC Trade Name, if any: P.O. Box, Bldg., Room No., if any T.b. Amount. T.b. Amount. Street 500 HALL STREET City BRIDGE PORT State OHID Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Amaul P. Welly Signed Amul P. Welly On 7-7-05 740-264-5150	3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Street 427 SCENIC DRIVE City STEUBENVILLE State OHTO ZIP Code +4 43953 Street (a) STEUBENVILLE State OHTO ZIP Code +4 43953 State OHTO ZIP Code +4 43952 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monentary value from an employee your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name ERB ELECTRIC Trade Name, if any: P.O. Box, Bildg., Room No., if any T.A. Nature of interest, Transaction, or income. SAFETY AWARD - JACKET Table Name, if any: Street 500 HALL STREET City BRIDGE PORT State OHID ZIP Code +4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name DANIEL P KELLY	Name エ.B.E.W. L.U. # 246		
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Date Telephone Number	signed of aniel P. Belly	on 7-7-05 740-264-5150		
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